

Express Mail Label No.: ED 798634993 US Attorney Docket No.: 100869-1P US





100869-1P US

## COMBINED DECLARATION AND POWER OF ATTORNEY

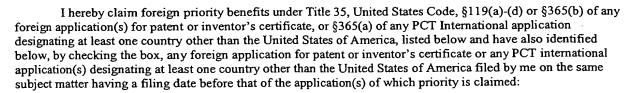
As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

## ANTIBACTERIAL OXALIDINONES

the spec	incation of which:		
	is attached hereto.		
OR	was filed on	with Express Mail No.	(Application Number not yet known).
OR	was filed on 16 March 2 PCT International Application	2004 ( 16.03.2004) as Ur on Number <u>PCT/GB2004/001132</u> (if applicable).	nited States Application Number or and was amended
includir		iewed and understand the contents of any amendment referred to above.	the above-identified specification,
§1.56.	I acknowledge the duty to di	sclose information which is material	to patentability as defined in 37 CFR
applica	I hereby claim the benefit un tion(s) listed below:	der Title 35, United States Code, §11	19(e)(1) of any United States provisional
	U.S. Serial No.	Filing Date	Status
Interna acknow of Fede	of any PCT International app of each of the claims of this ap- tional application in the mannov ledge the duty to disclose all	clication designating the United State oplication is not disclosed in the prior er provided by the first paragraph of information I know to be material to ch became available between the filing	20 of any United States application(s), or s, listed below and, insofar as the subject United States application or PCT Title 35, United States Code, §112, I patentability as defined in Title 37, Code ag date of the prior application and the
	U.S. Serial No.	Filing Date	Status



Country	Application No.	Filing Date	Priority Claimed
GB	0306357.5	20 March 2003	⊠Yes □No
		(20.03.2003)	

I hereby appoint all registered practitioners associated with Customer Number 44992 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to:

**Customer Number 44992** 

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:

GRAVESTOCK, Michael Barry

Inventor's Signature:

Residence Address:

Boston, USA

Citizenship:

GB

Post Office Address:

AstraZeneca R & D Boston, 35 Gatehouse Drive, Waltham, MA 02451, USA

Javostode Date: Sections 19th 2008

Full Name of Inventor:

Inventor's Signature:

Residence Address:

Macclesfield, GB

Citizenship:

GB

Post Office Address:

AstraZeneca R & D Alderley, Alderley Park, Macclesfield, Cheshire SK10 4TG, Great

Britain

Full Name of Inventor: HAUCK, Sheila, Irene

Inventor's Signature:

ten Hauell Date: Sept

Residence Address:

Boston, USA

Citizenship:

US

Post Office Address:

AstraZeneca R & D Boston, 35 Gatehouse Drive, Waltham, MA 02451, USA